



## PART B - FEE(S) TRANSMITTAL

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7590 06/02/2005

William B. Lacy  
 Acushnet Company  
 PO Box 965  
 Fairhaven, MA 02719-0965

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William B. Lacy	(Depositor's name)
<i>WB</i>	(Signature)
<i>6-14-05</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/767,181	01/29/2004	Michael D. Jordan	804-01	4651

TITLE OF INVENTION: GOLF BALL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/02/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GORDEN, RAEANN	3711	473-378000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the name of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. William B. Lacy

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Acushnet Company

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Fairhaven MA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502309 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*WB*

Date

6-14-05

Typed or printed name

William B. Lacy

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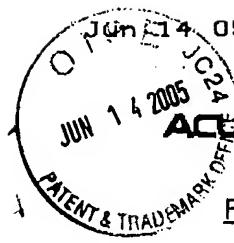
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**ACUSHNET COMPANY**FAX COVER SHEET

DATE: June 14, 2005

TO: Mail Stop Issue Fee  
Commissioner for Patents  
Art Unit: 3711, Examiner: GORDON, RAEANN  
Facsimile No.: 703-746-4000

FROM: William B. Lacy  
Customer Number: 40990  
Phone No.: (508) 979-3540

RE: Application Serial No.: 10/767,181  
Payment of Issue Fee and Publication Fee (if required)

Pages including cover sheet: 2

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